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## Topic 7: Gender identity disorders

### T07-O-01

#### A queer positive and decentralised approach to atypically gendered children and adolescents

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Some children and some adolescents experience the world as incomprehensively loaded with requirements of gendered names, dress, play and behaviour. However hard they try, they cannot cope. The cultural requirements are based upon the appearance genitals, not on subjective conceptions of self and gender. Such life obstacles are sources of great distress in these young individuals. They become more prone to anxiety, depression, drug abuse and suicide than are other same age individuals. There are no well established international therapeutical guidelines concerning this group. This presenter has professional background from family medicine (with house-calls), from systemic and narrative therapy and from sexology. The etiology of distress in these children and adolescents is in this presentation not seen as the state of their gendered talents, but in feelings of being wrong or misfit. The group is diagnosed as suffering from gender identity disorder in childhood/adolescents, but there is no proof of any actual disorder other than their desire for atypical gendered names, dress, play and behaviour. They are not necessarily disordered, but they surely create disorder in cultural systems of belief. In order to assist these children and adolescents in their most challenging narratives, the presenter has focused on those who are being disturbed; namely parents, siblings, other family members, teachers, fellow pupils, friends and health professionals. These individuals are gathered and offered local seminars on the subjects of gender and sexual orientations. This in order to leave them more at ease with atypical gender development, whether is advances in the direction of atypical sexual attraction, atypical gender identity or both. In some instances the networking has lasted for years at other times concentrated in one focused seminar. Working with such network groups with and without the individuals in question have been very rewarding to all parties. Over the years this

home based clinical community work project has earned some resistance, but much more good and valuable experience that will all be presented and discussed in this presentation.

### T07-O-02

#### Quality of life and gender identity disorder in subjects undergone to sex reassignment surgery

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**Objectives:** The main objective of this study was to assess the consequences of sex reassignment surgery (SRS) on the quality of life (QOL) of Gender Identity Disorder (GID) subjects, focusing on their sexual life.

**Design and methods:** The study was based on WHOQOL-100, the World Health Organisation Quality of Life Questionnaire and on a questionnaire, written by the authors and administered during SRS follow up.

The sample was composed of 20 GID subjects (10 male to female—MtF—and 10 female to male—FtM—and a control group 20 subjects non suffering from GID. The data were processed using the analysis of variance and Chi square techniques.

**Results:** GID subjects showed lower scores than the control group, suggesting a worse QOL. Differences in QOL levels were also found between FtM and MtF within the GID sample. The total score is lower in MtF subjects, especially in particular domains.

**Conclusion:** Our preliminary results suggest a positive influence of SRS on the QOL of the DIG subjects.

### T07-O-03

#### The effect of pheromones in transsexuals

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**Objective:** Our study intended to investigate the cerebral electrical activity of MtF and of a control group in response to male and female pheromones during visual stimulation.

**Design and method:** Six heterosexual men, six heterosexual women and six MtF transsexuals were submitted to brain mapping recording. All subjects looked at eight male and eight female erotic slides in two different sessions. Only the alpha and the beta rhythms were analyzed. Before each recording, we administered nasally the androstadienone and a neutral substance (placebo) to men, the estratetraenol and the placebo to female, and the androstadienone and the estratetraenol to MtF.

**Results:** Our preliminary results evidenced a statistically significant difference in transsexuals with a decrease in the alpha rhythm ( $P = 0.022$ ) and an increase in the beta rhythm ( $P = 0.012$ ) during the presentation of the erotic stimuli under androstadienone in comparison to the estratetraenol effect. Transsexuals showed a decrease in the alpha rhythm ( $P = 0.049$ ) and an increase in the beta rhythm ( $P = 0.034$ ) in comparison to women during the administration of the androstadienone.

**Conclusion:** Our study suggested that cerebral activity of MtF is more aroused during the administration of the male pheromone in accordance with the gender they feel they belong to.

#### T07-O-04

##### Neuropsychophysiological features of transsexuals

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**Objectives:** In recent years several studies have investigated psychological, neuropsychological and cerebral differences between males and females.

The aim of the present study was to analyse neuropsychophysiological features of subjects with gender identity disorder compared to control subjects.

**Design and methods:** Twenty-four transsexuals (12 male to female 12 female to male) and 24 control subjects (12 male and 12 female) matched for age and educational level participated in the study.

The neuropsychological profile was obtained through the primary mental abilities (PMA), while psychological assessment was performed by means of the adjective check list (ACL) and the bem sex role inventory (BSRI). As for psychophysiological parameters, auditory-evoked potentials (BAEPs) were registered.

The data were analysed using parametric tests for multiple comparisons.

**Results:** The neuropsychological results showed similar trends between MtF and F, and between FtM and M in spatial as well as in verbal abilities (PMA).

From a psychological point of view, transsexuals described themselves as being similar to the gender they felt they belong to.

As for BAEPs latencies, transsexuals reported compressively longer latencies compared to the control group.

**Conclusion:** Globally the results highlighted the fact that transsexuals have neuropsychophysiological features similar to the gender they feel they belong to instead of their biological sex.

#### T07-P-01

##### Additional surgery following feminising genitoplasty in gender dysphoria

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**Objectives:** Feminising genitoplasty (FG) forms one aspect of gender dysphoria management. We examined prevalence and type of surgical procedures following FG.

**Design and methods:** A retrospective telephone questionnaire targeted all FG patients in our institution, identifying supplementary surgical procedures carried out.

**Results:** We successfully contacted 70 of 234 (30%) patients. Along with penectomy and labioplasty, 64 (91%) had clitoroplasty, 62 (89%) a neovagina. Median age was 43 years (19-76). Median follow-up was 36 months (9-96).

Twenty-five (36%) had additional surgery. Eighteen (26%) had a single operation. Seven (10%) underwent multiple procedures.

The commonest procedure was breast augmentation, 18 (26%) followed by laryngeal-shave nine (13%). Four (6%) had rhinoplasties, three (4%) facial-reconstructions. Of seven (10%) patients undergoing multiple procedures: three (4%) had breast augmentation and laryngeal shave; two (3%) had facial-reconstruction and laryngeal-shave; one (~1%) rhinoplasty, breast augmentation and facial-reconstruction; and one (~1%) rhinoplasty, breast augmentation and laryngeal-shave.

**Conclusion:** FG forms one part of the surgical management of gender dysphoria. The majority (64%) of patients do not undergo extra surgery but a third do. Only 10% undergo multiple procedures. Whether this is due to patient choice or financial constraints is as yet undetermined.

#### T07-P-02

##### Transsexual female siblings

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Transsexuality has been too much discussed in literature, but it remains a controversial theme and sometimes even taboo.

In this poster we present a study case of two female transsexual brothers that come from a large family of nine children, six of them girls. They are the youngest members of the family.

This case reaffirms the most actual explicative theories about gender identity disorders.

**T07-P-03****Evaluation of group psychotherapy with transgendered people in Turkey**

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**Objectives:** In this study we evaluated transgendered (TG) individuals who had group psychotherapy at least 1 year. We analysed the effect of the group therapy for this participants with a semistructured interview form. We also pointed out how these TG individuals find the effect of the group therapy period and how they benefit from the therapy.

**Design and methods:** The research involves of TGs who were seen at the Istanbul Faculty of Medicine, Psychiatry Department which has a specialized unit offering counselling and treatment for trans gendered persons. The therapy group were formed by 8-16 TG individuals. TG

individuals who has been participated such an open group which three therapists involved once per month for were the subject of the study. Special assessment forms were filled by the participants and the therapists at least after a year. During the therapy period functional and mental improvements in the fields of social, work, and private life; the interactions between the participants and the active participation to the group process were especially evaluated.

**Results:** The participants age were ranged between 18-d and 30. There was a biologically female predominance. Members significantly improved functionally and mentally according to their own evaluations and their therapists after 1 year treatment. These improvements enabled the participants to have a better quality of life.

**Conclusion:** The participants who are in different phases of understanding their gender problem and their therapists, seems to be particularly beneficial for these treatment and support in finding ways to deal with their problems.